

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/584880**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		2		/		
6		2		/		
7		2		/		
8		2		/		
9		2		/		
10		2		/		
11		2		/		
12		2		/		
13		2		/		
14		2		/		
15		2		/		
16		2		/		
17		2		/		
18		2		/		
19		2		/		
20		2		/		
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22		2		/		
23		2		/		
24		2		/		
25		2		/		
26		2		/		
27		2		/		
28		2		/		
29	/		/	/		
30		/		/		
31		2		/		
32		2		/		
33		2		/		
34		2		/		
35		2		/		
36		2		/		
37		2		/		
38		2		/		
39	/		/	/		
40		/		/		
41		2		/		
42		2		/		
43		2		/		
44		2		/		
45		2		/		
46		2		/		
47		2		/		
48		2		/		
49		2		/		
50		2		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		/		
52		2		/		
53		2		/		
54		2		/		
55		2		/		
56		2		/		
57		2		/		
58	/		/	/		
59		/		/		
60	/			/		
61		/		/		
62	/			/		
63		/		/		
64	/		/	/		
65		/		/		
66		2		/		
67		2		/		
68		2		/		
69		2		/		
70		2		/		
71		2		/		
72		2		/		
73		2		/		
74		2		/		
75		2		/		
76		2		/		
77		2		/		
78		2		/		
79		2		/		
80		2		/		
81		2		/		
82		2		/		
83		2		/		
84		2		/		
85		2		/		
86		2		/		
87		2		/		
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89		2		/		
90		2		/		
91		2		/		
92		2		/		
93		2		/		
94		2		/		
95		2		/		
96		2		/		
97		2		/		
98		2		/		
99		2		/		
100		2		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						